

FILED NOV 22 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **39377**
Registrar's No. **9989**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo.				b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis Mo.		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN St. Louis		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION: Bernard Nurseing Home				e. STREET ADDRESS (If rural, give location) 5 323 Clara Ave					
3. NAME OF DECEASED (Type or Print) a. (First) HERMAN			b. (Middle) S		c. (Last) Wolfheim		4. DATE OF DEATH (Month) (Day) (Year) 11 2 1954		
5. SEX male		6. COLOR OR RACE W.		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) wid.		8. DATE OF BIRTH Jan 22, 1886		9. AGE (in years last birthday) 68	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Executive		10b. KIND OF BUSINESS OR INDUSTRY Match Mfg.		11. BIRTHPLACE (City and State or Foreign Country) St. Louis Mo.			12. CITIZEN OF WHAT COUNTRY?		

13a. FATHER'S NAME Moses Wolfheim		13b. MOTHER'S MAIDEN NAME Rose		14. NAME OF HUSBAND OR WIFE Minnie M. Wolfheim (Deceased)			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. 489-07-2305		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Richard J. Wolfheim 6363 Alexander Dr			

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) As Thru. Bronchial Chonic				INTERVAL BETWEEN ONSET AND DEATH 5 years	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c)					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 241X			

22. I hereby certify that I attended the deceased from **Dec 10**, 19**54**, to **Nov 1**, 19**54**, that I last saw the deceased alive on **Nov 1**, 19**54**, and that death occurred at **2:10** p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Harold Freedman MD		23b. ADDRESS 607 No Grand Blvd		23c. DATE SIGNED Nov 2 1954	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 11-3-54		24c. NAME OF CEMETERY OR CREMATORY Mt. Sinai	
				24d. LOCATION (City, town, or county) (State) St. Louis Co Mo.	

DATE REC'D BY LOCAL REG. NOV 3 1954		REGISTRAR'S SIGNATURE Carl Smith MD		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 4356 Lindell Blvd	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed *J. Wm Bankley*

Licensed Embalmer No. *365*

P. O. Address *St. Louis*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.